

EXHIBIT "E" (2 of 4)

Susan Waters

A. That he was cut down. I done CPR. Paramedics arrived. And that I had spoken to Investigator DePerno.

Q. Do you recall who cut Spencer down?

A. I do not recall.

Q. Do you recall when Spencer was cut down, if the person who cut him down was inside the cell or outside of the cell at that time?

A. He was outside of Spencer's cell but inside the gates.

Q. Where is the bed located? Is it physically in Spencer's cell?

A. In Spencer's cell.

Q. Do you recall when Spencer was cut down if the officer was in the vicinity of the bed, or was he outside of that gate?

A. No; he was outside of the bed. I mean, the bars are here, and he was hanging from here. *(Indicating)* And the officer was outside, and he put his hand in and cut the shirt.

Q. Did you observe anything at that time?

A. I observed him -- an officer cutting him down, and he fell to the ground.

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Q. When he fell, did he hit anything?

2

A. He hit his head.

3

Q. Do you know where?

4

A. off the table, side table.

5

Q. And you could see that?

6

A. Yes.

7

Q. And then, you went into the cell?

8

A. Yes.

9

Q. And you said you performed CPR?

10

A. Yes.

11

Q. For how long did you perform CPR?

12

A. I'm not sure.

13

Q. Can you tell me whether it was

14

minutes? Hours?

15

A. Minutes, yeah. No, it wasn't hours.

16

Q. Minutes?

17

A. Yes.

18

Q. You said the paramedics arrived?

19

A. Um-hum.

20

Q. You have to say yes or no.

21

A. Yes. Sorry.

22

Q. That's okay.

23

And in terms of your performing CPR,
did you stop that at any point in time before the

24

25

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paramedics arrived?

A. I stopped when I was told that, "The paramedics are here."

Q. And who told you the paramedics were there?

A. I heard it over the radio.

Q. Were they within your vision at the time that you stopped CPR?

A. I stepped out of the cell, and I saw the paramedics were right there.

Q. And did they take over CPR at that point?

A. They went in the cell and put like a EKG monitor on his chest, and they did not perform CPR.

Q. How much time lapsed between when you stopped CPR and when the paramedics stepped into the cell and put this monitor on Spencer's chest?

A. Fifteen, 20 seconds, approximately.

Q. And you indicated that you wrote a Progress Note.

A. Yes.

Q. And do you recall when you wrote the

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Progress Note?

A. That afternoon.

Q. Was it after Spencer had died?

A. Yes.

Q. Why did you write the Progress Note after Spencer died?

A. Because I had to document what happened after he had died.

Q. Prior to Spencer's suicide, did you write any Progress Notes pertaining to him?

A. No.

Q. In terms of the intake process, you indicated that it changed after you received this training in or about November of 2006.

What now are you required to do as part of the intake, that you weren't required to do prior?

A. We are required to take vital signs on all inmates who are committed to the jail.

Q. Anything else?

A. Not -- no.

Q. What, if anything since November of 2006, are you required to do with respect to the suicide screening form?

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1 A. We are -- have to review it.

2 Q. Do you have to sign or date it?

3 A. Sign -- sign and date it.

4 Q. And do you sign and date it right on
5 the suicide screening form, itself?

6 A. Yes.

7 Q. At the bottom?

8 A. Correct.

9 Q. And anything else that you're
10 required to do with respect to the suicide
11 screening form? Again, since November of 2006.

12 A. No.

13 Q. Do you as the nurse since November
14 of '06, ask the questions that are contained on
15 that form?

16 A. No, we do not.

17 Q. Do you have interactions with the
18 correction officer who administers the suicide
19 screening form?

20 A. If need be, yes.

21 Q. And what circumstances would you --

22 A. If an inmate is on a lot of psych
23 medications; if he is suicidal. Sometimes we are
24 there when they're asking the questions, and we
25

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question them further.

Q. In other words, to follow up on a particular area?

A. Correct.

Q. And that would be with this correction officer present?

A. It could be. It could be after the correction officer has done his screening.

Q. And in terms of your review of the suicide screening, are you required to do anything with that, other than signing and dating it?

A. Well, we look at the number.

Q. The total number?

A. The total number.

Q. And what do you look for in that?

A. To see what score he got; if any shaded areas are checked off.

Q. Anything else?

A. No.

Q. And in terms of policies or practices since November of 2006, what do you do with respect to that, the total column?

A. We discuss, if need be, with the

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booking officer to determine if he's gonna be --
what kind of watch he's gonna be on.

Q. Under what circumstances would you
discuss it? In other words, does the number have
to be of a certain level?

A. If it's six or above, any shaded
areas are checked, we would discuss it with the
officer.

Q. And are you familiar with any
policies or practices as to what happens if an
inmate scores a total number of six or above in
terms of the level of watch?

A. He would be placed on a fifteen-minute
watch, at least.

Q. Or a constant watch?

A. Or a constant watch.

Q. And who makes that determination?

A. It could be the shift sergeant; it
could be the booking officer; or it could be the
nurse.

Q. Have you ever made that determination
since, again, November of '06?

A. No.

Q. Prior to the November of '06

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training, did you ever have occasion to recommend an inmate be placed on constant supervision?

A. No.

Q. Or on a 15-minute watch?

A. No.

Q. And in terms of the shaded areas, what if a shaded area is checked? Again, what are the policies and practices on that?

A. Since?

Q. Since November of '06.

A. I would speak to the inmate and ask him further questions.

Q. I'm going to show you a document we've previously marked as Exhibit 25. It is a compilation of documents that were attached to the AmeriCor contract with the county back in 2003. I'm going to point your attention to the page that's Bates stamped on the bottom, 557, where it says "Receiving Screening." *(Handing)*

A. Um-hum. *(Witness peruses exhibit)*

Q. The first paragraph under Section 1.8 on Bates stamp 557 refers to following the existing procedures that the Putnam County facility had in place.

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Do you see that portion I've summarized?

A. Yes.

Q. And it says "Our staff..." meaning AmeriCor's staff, "...will, therefore, follow existing procedures that call for the booking officer to complete an Inmate Medical Intake Record and a Suicide Prevention Screening on each inmate at the time of the inmate's arrival at the jail, as your administrative staff had requested. A registered nurse will then review these forms."

Do you see that?

A. Um-hum.

Q. Yes or no?

A. Yes.

Q. Did anyone tell you, prior to November of 2006, that you were required to review both the Inmate Medical Intake Record and the Suicide Prevention Screening forms?

A. I don't recall.

Q. As a matter of your practice, though, you did not review both forms; correct?

A. Personally?

Q. Yes.

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2 A. No, we didn't. I wouldn't always
3 review the suicide screening unless somebody
4 pointed something out to me, and then we would --
5 I would follow up.

6 Q. In terms of the second page of this
7 policy that's Bates stamped 558 at the bottom
8 right --

9 A. Second page?

10 Q. Yes. There's a series of numbered
11 paragraphs, one through six. Below that it
12 starts "A registered nurse..."

13 A. Um-hum.

14 Q. "...will promptly review all
15 Receiving Screenings." And then can we skip the
16 next sentence, go to the third sentence: Any
17 inmate with a mental health condition will be
18 referred to mental health personnel for
19 evaluation and treatment. Inmates that receive a
20 suicide screen score of eight or higher, or who
21 answers yes to the questions numbered there - 1,
22 8, 9, 10B, 11 or 16B, will be referred to mental
23 health staff for further evaluation.

24 Do you see that?

25 A. Yes.

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Q. Prior to November of 2006, as a registered nurse for AmeriCor, did you have any role in making mental health referrals?

A. Yes.

Q. What was your role?

A. On intake, we would -- if somebody had a psychiatric history, we would refer them to the social worker and to our psychiatrist.

Q. And in terms of the process in place prior to November of 2006, would you make a mental health referral if an inmate scored eight or higher on the suicide screening form?

A. Yes.

Q. And would you also make a mental health referral if the shaded area, or any shaded area on the form was checked?

A. I would do it or the officer would have already done it upstairs, in booking.

Q. How was it determined whether the booking officer, the correction officer, or the nurse, yourself, would do the mental health referral?

A. If the officer filled it out, he would hand it to us and say, I've done a mental

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health referral.

Q. And if the officer didn't do that and the inmate had a score of eight or higher, what would you do?

A. We would put him down to see the social worker or psychiatrist.

Q. And you would make that referral at the intake time?

A. We would write it in -- we have a separate book for doctors; we would write it in there.

Q. Anything in terms of when you would write it in there? Was it when the inmate came into the facility?

A. No, no; it could be later on in the day.

Q. Would it be before you left shift that day?

A. Yes.

Q. And in terms of the procedure prior to November of '06, how would you know if an inmate scored eight or higher and you were going to make that referral?

A. Repeat that again, please.

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Q. Sure. Prior to November of '06, before you received this training --

A. Okay.

Q. -- how would you know if an inmate had a score of eight or higher?

A. Usually the officer would say it, would tell us.

Q. And the same thing in terms of the shaded boxes: Prior to November of '06, how would you know if the inmate had any shaded area checked?

A. Again, the officer would point it out to us.

Q. Other than those circumstances, any way that you would find out about the inmate's total score or any shaded box being checked before November of '06?

A. You could scan over -- scan over it and see. Sometimes I've often done that. I've just scanned over the whole form and -- but usually if it's a high number, the officer will point it out to us.

Q. "High number" being six or higher?

A. Six, yeah. Seven.

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2 Q. Did you ever have any conversations
3 with Correction Officer Vasaturo about Spencer
4 Sinkov?

5 A. Not that I can remember.

6 Q. Do you recall ever speaking with
7 Sergeant LaPolla about Spencer or anything
8 concerning his involvement with Spencer?

9 MR. MELLER: At which time?

10 MS. BERG: At any point.

11 A. Yeah; we spoke afterwards, when it
12 happened.

13 Q. What did you say to LaPolla, and
14 what did he say to you?

15 A. Oh, I don't recall. It was just
16 general talk about the whole incident and how,
17 you know, everybody -- the toll it took on
18 everybody.

19 Q. Do you recall anything specific that
20 LaPolla said to you about his involvement with
21 Spencer's intake or anything else?

22 A. Yes. He had started to -- he had
23 started the intake; and then after, Vasaturo had
24 taken over the intake.

25 Q. Did he say anything else to you?

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That is, LaPolla.

A. Not that I can recall.

Q. Did Vasaturo ever say anything to you about the intake?

A. No.

Q. What is your understanding of the purpose of the Suicide Screening Prevention Guideline form?

A. To do a screening and to determine if they are suicidal or not.

Q. And in terms of the score being six or seven or higher than that, is it your understanding that that would be an indication that somebody is suicidal or poses a risk of suicide?

A. Before this all happened?

Q. Well, you tell me if there's a difference in the way you view it.

A. Well, now, we absolutely have to check it after every intake is done.

Q. Okay. Prior to November of '06, before you had this training, did you have any understanding that if an inmate had a higher score -- let's say, eight or higher -- or a

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1 shaded box checked, that that was an indicator
2 that they were at high-risk for suicide?
3

4 A. It would be an indicator, yes.

5 Q. And do you have that same
6 understanding since November of '06?

7 A. Yes.

8 Q. Have you ever heard of a form known
9 as the 330 ADM?

10 A. No.

11 Q. I'm going to show you what was
12 marked as Exhibit 1, which is State of
13 New York Commission of Correction form for
14 suicide prevention. *(Handing)*

15 Have you ever seen that form?

16 A. Not to my knowledge.

17 Q. Did anybody ever say anything to you
18 about Putnam County modifying the State
19 Commission's form for suicide prevention
20 screening?

21 A. I don't recall.

22 Q. Did anybody ever train you or
23 instruct you that if an inmate scored eight or
24 higher, or a shaded box was checked, according to
25 the State Commission, constant watch must be

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instituted?

A. I don't recall.

Q. Do you see on the bottom of the form where it has the section that says "Action"? Do you see that bold --

A. Um-hum.

Q. Okay. And that first sentence under there, in substance, says that if the column total is eight or more, or any shaded area is checked, or for any other reason you feel is necessary, notify a supervisor and institute constant watch.

Do you see that?

A. Yes.

Q. Did anybody ever tell you, at any point in time during your training or otherwise, that the State Commission's regulation or training materials indicated that constant watch is the only type of supervision that should be instituted?

MR. COON: Objection to

form.

A. I don't recall.

Q. Since your training in November of

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2 '06, were you ever aware of any policies or
3 procedures that required constant watch at the
4 Putnam County Jail for an inmate who had a score
5 of eight or higher?

6 A. Could you repeat that?

7 Q. Sure. Since November of '06 --

8 A. Okay.

9 Q. -- any policies or procedures that
10 require constant watch if an inmate has a score
11 of eight or higher?

12 A. Is there any policies or procedures?

13 Q. Yes; that you're aware of.

14 A. There are policies and procedures,
15 yes.

16 Q. And do they require constant watch
17 if the inmate scores eight or higher?

18 A. I -- yes.

19 Q. In terms of the shaded areas, since
20 November of '06, are there any policies or
21 procedures that require constant watch if the
22 inmate has a shaded box checked?

23 A. A supervisor has to be notified.

24 Q. That's the requirement in the
25 policies and procedures?

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2 A. Again, I don't do the intake. The
3 officer still does the intake. So, I can't speak
4 as to what their policies and procedures are.

5 Q. Okay. How about Americor's policies
6 and procedures, are you aware of any that pertain
7 to that?

8 A. We absolutely review all suicide
9 screenings, and we follow up if there's a shaded
10 box. Dependent on what the number is, we
11 absolutely follow up, and we make a decision on
12 what to do.

13 Q. And you follow up with the
14 correction officer?

15 A. We discuss it with the correction
16 officer and/or the shift supervisor.

17 Q. Are you aware of any requirement
18 since May of '06 that the shift supervisor be
19 notified?

20 A. I don't know what their policies
21 are.

22 Q. How about for you - any requirement
23 that you, as a nurse, notify the shift supervisor?

24 A. I would. I'm not sure if there's a
25 policy stating that. I personally would.

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2 Q. In terms of the intake procedure,
3 are you aware of any policies or procedures that
4 AmeriCor has or had about what to do if an inmate
5 presents, indicating that they've previously used
6 drugs or alcohol?

7 A. Repeat the question.

8 Q. Sure. In terms of a new inmate
9 coming into the facility, in the intake process
10 are you aware of any procedures AmeriCor has,
11 policies that AmeriCor has regarding what you as
12 the nurse should do?

13 A. No.

14 Q. Did you ever see any kind of policy
15 manual or procedure manual from AmeriCor?

16 A. Yes.

17 Q. When did you first see those manuals?

18 A. At orientation.

19 Q. Since that time, to your knowledge,
20 has the manual been changed or updated?

21 A. There have been some changes in
22 policies and procedures.

23 Q. How were you made aware of those
24 changes?

25 A. There is a book that we check every

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1
2 time we come on shift to see if there's any --
3 anything in there that has changed - policies,
4 procedures, notes about meetings, et cetera.

5 Q. And in terms of the AmeriCor Policy
6 and Procedures Manual, is that two separate
7 things? One compilation? Something else?

8 A. It's there in the office. I don't
9 know if it's one or if it's two.

10 Q. And in terms of the policies and
11 procedures that AmeriCor has had since you worked
12 for them, are you aware of any that required you,
13 as the nurse, to ask any kind of follow-up
14 questions when an inmate presents having used
15 drugs or alcohol?

16 MR. MELLER: What time
17 period are we talking about?

18 MS. BERG: At any point.

19 A. Just ask the question again.

20 Q. Sure. In terms of an inmate who
21 presents having used drugs or alcohol, are you
22 aware of anything AmeriCor requires in its
23 policies or procedures that you, as the nurse,
24 are supposed to do?

25 A. I don't know if it's -- I can't

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recall if it's in their policies and procedures,
if follow up is required. I don't know.

Q. Do you have any practices in terms
of what you do in circumstances where an inmate
presents having used drugs or alcohol?

A. Unless they are showing signs,
symptoms, if they ask an officer to see the
nurse. I would -- you know, if I go through the
unit, sometimes they'll stop me.

Q. When you say "showing signs or
symptoms," what do you mean by that?

A. If they're having any signs or
symptoms of withdrawal.

Q. What would that be?

A. Pardon?

Q. What signs or symptoms would that
be?

A. If they're feeling sick, if they're
feeling nauseous, if they're throwing up, if
they're having diarrhea.

Q. Anything else?

A. If there is -- hallucinating. If
they're gait is steady.

Q. Anything else?

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A. No.

Q. In terms of signs and symptoms of withdrawal from drugs or alcohol, have you ever been trained that there are symptoms that will appear, but only after some period of time after the last use occurred?

A. I am not trained in drug-withdrawal symptoms, other than having my own knowledge. I have no formal training.

Q. In terms of your own knowledge, did you ever learn at any point in time, through your experience or otherwise, that individuals who use drugs or alcohol sometimes have symptoms which do not appear for from 24 to 72 hours?

A. Yes.

Q. And in terms of the symptoms of withdrawal, did you ever learn, through your experience or otherwise, that sometimes the symptoms will appear mild at first, and then will peak later on?

A. Yes.

Q. And in terms of the mild symptoms, did you ever learn that it could include something as simple as a runny nose?

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A. Yes.

Q. Or something as simple as not having an appetite?

A. Yes.

Q. And in terms of the more severe symptoms, when symptoms are peaking, would that be the things you just described - such as vomiting, diarrhea, hallucinations; that kind of thing?

A. Yes.

Q. In terms of an inmate who presents at intake with having used drugs or alcohol, say, within the last 24 hours, are you aware of anything that you're required to do to follow up with that inmate to see, for example, if symptoms come out?

A. We would see the inmate throughout the day, whether it be on the unit, going around with medication, in North Housing unit.

Q. And would that be that you're seeing this particular inmate who presented with having used drugs or alcohol, or you're seeing them as you're doing other duties?

A. I would see them as I'm doing other

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duties.

Q. And in terms of AmeriCor policies or procedures, are you required to actually interact with the inmate who had presented with having used drugs or alcohol?

A. I'm not sure if that's a policy or a procedure.

Q. In your practice, is that something you do?

A. Just ask the question again.

Q. In terms of your practice -- you said you're not sure if it's a policy or procedure; but as a nurse for AmeriCor, is that something you would do? In other words, while you're doing other duties, look at an inmate who came in using drugs or alcohol?

A. I would, yeah. Yes.

Q. In terms of Spencer Sinkov, were you involved in any way in the intake?

A. No.

Q. When you came on shift, had he already been admitted to the facility?

A. Yes.

Q. How did you know that?

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2 A. Because I got a report stating that
3 he had been admitted.

4 Q. And what form was that report?
5 Verbal or written?

6 A. Verbal.

7 Q. From who?

8 A. Peter Clarke.

9 Q. And what did he tell you?

10 A. That we had an inmate come in during
11 the night and had a history of heroin use.

12 Q. Anything else that Clarke told you?

13 A. That he had no signs and symptoms of
14 withdrawal.

15 Q. Anything else that he told you?

16 A. Not that I recall.

17 Q. Did you ask Clarke any questions?

18 A. I don't recall.

19 Q. Did Clarke indicate to you that
20 Spencer was placed on any kind of heightened
21 level of supervision?

22 A. I don't recall.

23 Q. Did Clarke indicate whether or not a
24 referral had been done to anybody?

25 A. I don't recall.

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Q. Are you familiar with something called a Shift Report?

A. Yes.

Q. That's a document that the nurse is supposed to fill out before leaving the shift?

A. Yes.

Q. And on the Shift Report, would it indicate new admissions?

A. Yes.

Q. Would it also indicate inmates that need to be followed up on?

A. It could.

Q. Does the Shift Report indicate inmates who are on a fifteen-minute, or constant watch?

A. At the back of the Shift Report, we write "15," "Constant."

Q. Has that been true all along, or was that --

A. I'm not sure.

Q. Do you recall for how long you've been doing that?

A. I don't recall how long we've been doing it.

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Q. Can you tell me, for example, if AmeriCor nurses have been writing the 15-minute and constant watches on the back of the Shift Report before or after May of 2006?

A. To the best of my knowledge, it's always been there.

Q. And on the Shift Report, do you write anything about the inmates that you see?

A. Yes.

Q. And in terms of the inmates you see, would that be only sick-call inmates or something else?

A. It could be any interaction that you had with an inmate that day.

Q. Including, passing meds?

A. No, we wouldn't write that we give them meds.

Q. Okay. What would you write, then, in terms of interactions? Conversations?

A. It could be sick call. It could be a complaint - you know, somebody's not feeling well. It could be a phone call that we received about an inmate. A lot of different things.

Q. Did you ever see a Shift Report that

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Clarke did for May 19th to May 20th, '06, which is the shift that Spencer came in to the facility on?

A. I don't recall seeing it.

Q. As a matter of policy or procedure, are you required to review the Shift Report from the nurse who is going off shift when you come on?

A. I don't know if that's a policy or a procedure.

Q. Do you, as a matter of your practice, review Shift Reports from the prior shift?

A. Yes, I do.

Q. And do you do that when you come on shift?

A. It could be sometime throughout the shift -- in the beginning of the shift, not necessarily as soon as you come in.

Q. And do you recall if you reviewed anything pertaining to Spencer when you looked, if at all, at the Shift Report from the night before?

A. I just remember a verbal exchange.

Q. You don't recall seeing anything in

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writing?

A. I don't recall.

MS. BERG: Can we take a couple of minutes? I just need a break.
(Recess held from 11:06 to 11:18 a.m.)

CONTINUED EXAMINATION BY MS. BERG:

Q. I'm going to show you what I've previously marked as Plaintiff's Exhibit 30, which states on the top, "AmeriCor Inc., Policy Manual." It has a date of November, 2004.

(Handing)

Do you recall if you've ever seen that or a compilation of documents like that?

A. I've seen documentation -- documents like that.

Q. Is that something that's kept in the AmeriCor medical office at the jail?

A. I believe so, yes.

Q. I'm going to show you what was marked as Exhibit 28, which is a AmeriCor, Inc. Procedure Manual, which has a date of 2003 on it.

(Handing)

Do you recall if you've ever seen that?

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A. Yes.

Q. And is that also kept in the AmeriCor medical office at the jail?

A. Yes.

Q. Do you recall now if they are kept in two separate documents or if they're together?

A. I don't recall if they're separate or together.

Q. Take a look, if you would, at the first one, Exhibit 30, the Policy Manual. At the bottom right, the Bates stamps that say 421 and 422.

A. *(Witness complies)* Um-hum.

Q. Have you ever seen those two pages?

A. I don't recall if I have seen them.

Q. It says, in terms of the form, itself, "AmeriCor, Inc. Receiving Screening, Policy Number 131," two pages. The first sentence: "All inmates will be given a Receiving screening by health-care or health-trained personnel immediately upon their arrival at the facility."

Do you see that?

A. Where is that?

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Q. The first sentence.

A. Okay.

Q. Were you ever told that you have to give a Receiving Screening as a health-care personnel?

MR. COON: objection to the

form.

A. We see all inmates who come into the jail.

Q. And in terms of that, is it your understanding that you're screening them or doing an initial intake?

A. Yeah, we're screening them.

Q. In terms of the Receiving Screening, it says in this policy, "At a minimum, the Receiving Screening will include inquiry into:" And then, there are several numbered paragraphs, six numbered paragraphs.

Do you see that? It goes onto the next page.

A. Correct.

Q. And did you ever have an understanding that you, as a nurse from AmeriCor, were supposed to inquire into these six areas, or

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2 if it was a correction officer who was supposed
3 to do that, or something else?

4 A. These were the questions that I
5 would ask during my screening.

6 Q. All right. And then on the second
7 page, Number 4 says: "Use of alcohol and other
8 drugs, including types of drugs used, mode of
9 use..." It's number four, at the top.

10 A. Oh, up here. Sorry. Okay.

11 Q. So, in terms of the Receiving
12 screening, it says, at a minimum, you should
13 inquire into use of alcohol and other drugs,
14 including type, mode, amount used, frequency
15 used, date or time of last used -- last use,
16 excuse me -- and a history of problems which may
17 have occurred after ceasing use.

18 Do you see that?

19 A. Yes.

20 Q. Did you ever have an understanding,
21 before reading that here today, that as part of
22 your intake, you were supposed to inquire into
23 all of those areas?

24 A. Yes.

25 Q. Did you ever do that in connection

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1
2 with any inmate who presented with having used
3 alcohol or drugs?

4 A. Yes.

5 Q. Do you know if, in Spencer's case,
6 that was done?

7 A. I don't know.

8 Q. Did you ever see anything on any of
9 the documents - Progress Notes or Inmate Medical
10 Record or anything else - that would indicate
11 that he was asked questions about how he used
12 drugs and the amount he used, or whether he had
13 any problems when he withdrew in the past.

14 A. He was asked about his drug use.

15 Q. Do you know to what extent, though?

16 A. I wasn't there.

17 Q. Did you ever see any records that
18 indicated how he used the drugs? In other words,
19 whether he -- you knew it was heroin; correct?

20 A. Yes.

21 Q. And heroin could be used in several
22 ways; correct?

23 A. Um-hum, correct.

24 Q. Did anybody ever indicate whether or
25 not he used needles?